

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

Case Name: Amanda Krystal-Lynn Steinhebel Case No.: 17-52763

DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:

Amendment to Petition:

- Name Debtor(s) Mailing Address Alias
 Signature Complying with Order Directing the Filing of Official Form(s)

Summary of Your Assets and Liabilities and Certain Statistical Information

Statement of Financial Affairs

Schedules and List of Creditors:

- Schedule A/B
 Schedule C Debtor 2 Schedule C
 List of Creditors Schedule D Schedule E/F and
 Add creditor(s), provide address of creditor already on the List of Creditors, change amount or classification of debt - **\$31 Fee Required**, or
 Change address of a creditor already on the List of Creditors - **No Fee Required**
 Schedule G
 Schedule H
 Schedule I
 Schedule J
 Schedule J-2

NOTE: Use Page 2 for any corrections or additions to the List of Creditors.

Additional Details of Amendment(s): <u>Amend Schedules I and J to reflect current income and expenses.</u>	
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► **DECLARATION OF ATTORNEY:** I declare that the above information contained on this cover sheet may be relied upon by the Clerk of the Court as a complete and accurate summary of the information contained in the documents attached.

Date <u>May 20, 2019</u>	Signature <u>/s/ Ryan B. Moran</u>
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► **AFFIRMATION OF DEBTOR(S):** I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge, information and belief.

Date <u>May 20, 2019</u>	Signature <u>/s/ Amanda Krystal-Lynn Steinhebel</u>
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CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRESS OF CREDITOR:

PLEASE CHANGE TO:
-NONE-

ADDITIONS TO THE LIST OF CREDITORS

Use this section to identify creditors added to the schedules and List of Creditors.

NAME OF CREDITOR:

ADDRESS:

NAME OF CREDITOR:

ADDRESS:

NAME OF CREDITOR:

ADDRESS:

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

Fill in this information to identify your case:

Debtor 1	Amanda Krystal-Lynn Steinhebel
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN
Case number (If known)	17-52763

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation

Quality Tech

Electroininc Tech

Employer's name

SPI LLC

American Industrial Inc

Employer's address

51370 Celeste
Shelby Township, MI 48315

14240 Eleven Mile Rd
Warren, MI 48089

How long employed there?

8 Years

8 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,608.15</u>	\$ <u>3,640.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>3,608.15</u>	\$ <u>3,640.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	\$ 3,608.15	\$ 3,640.00

5. List all payroll deductions:

- 5a. **Tax, Medicare, and Social Security deductions**
 5b. **Mandatory contributions for retirement plans**
 5c. **Voluntary contributions for retirement plans**
 5d. **Required repayments of retirement fund loans**
 5e. **Insurance**
 5f. **Domestic support obligations**
 5g. **Union dues**
 5h. **Other deductions.** Specify: _____

5a.	\$ 649.74	\$ 654.25
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 598.52	\$ 684.36
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 0.00
5h.+	\$ 0.00	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.6. **\$ 1,248.26** **\$ 1,338.61****7. Calculate total monthly take-home pay.** Subtract line 6 from line 4.7. **\$ 2,359.89** **\$ 2,301.39****8. List all other income regularly received:**

- 8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. **\$ 0.00** **\$ 0.00**

- 8b. **Interest and dividends**

8b. **\$ 0.00** **\$ 0.00**

- 8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. **\$ 0.00** **\$ 0.00**

- 8d. **Unemployment compensation**

8d. **\$ 0.00** **\$ 0.00**

- 8e. **Social Security**

8e. **\$ 0.00** **\$ 0.00**

- 8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. **\$ 0.00** **\$ 0.00**

- 8g. **Pension or retirement income**

8g. **\$ 0.00** **\$ 0.00**

- 8h. **Other monthly income.** Specify: _____

8h.+ **\$ 0.00** **+ \$ 0.00****9. Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.9. **\$ 0.00** **\$ 0.00****10. Calculate monthly income.** Add line 7 + line 9.10. **\$ 2,359.89** **+ \$ 2,301.39** **= \$ 4,661.28**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. **+\$ 0.00****12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. **\$ 4,661.28**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1	Amanda Krystal-Lynn Steinhebel
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN
Case number	17-52763
(If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Son

Dependent's age

2 weeks

Does dependent live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **302.85**

Your expenses

- If not included in line 4:
- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	100.00
4d. \$	219.50
5. \$	0.00

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>260.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>60.18</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>250.00</u>
	6d. Other. Specify: Home Security	6d. \$ <u>56.00</u>
7. Food and housekeeping supplies	7. \$ <u>705.00</u>	
8. Childcare and children's education costs	8. \$ <u>931.67</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>140.00</u>	
10. Personal care products and services	10. \$ <u>70.00</u>	
11. Medical and dental expenses	11. \$ <u>100.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>450.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>279.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>314.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>320.26</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: Diapers/Wipes	21. +\$ <u>100.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>4,658.46</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,658.46</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>4,661.28</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,658.46</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2.82</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	